

SFUND RECORDS CTR
999000196

HAULER OF WASTE (Must be filled by hauler)
ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 8-2-73 Time 11

State Liquid Waste Hauler's Registration No. (if applicable)

Job No. _____ No. of Loads or Trips. 61 Unit No. 31

Vehicle: ☒ Vacuum truck ☒ barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): DEER, KP.

Site Address 12001 17th

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

|| (.) recovery

☐ treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. _____

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 8/2/02

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

total Volume 5000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Container (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The volume is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O T Proper Shipping Name

K001127